

**Department of Veterans Affairs
Veterans' Family, Caregiver, and Survivor Advisory Committee**

March 30, 2021

Committee Members Present:

Sen. Elizabeth Dole, Chair
Sherman Gillums Jr., Vice Chair
Lourdes E. "Alfie" Alvarado-Ramos
Bonnie Carroll
Paula Cobb
Melissa Comeau
S. Joe Crittenden
Harriet Dominique
Jennifer Dorn
Mona Gunn
Everett "Denton" Knapp, Jr.
Dr. Robert L. Koffman
Gabriella Kubinyi
LTG Michael S. Linnington, (USA Retired)
Hollyanne Milley
Dr. Rebecca Porter
Katherine "Kate" Shattuck
Sarah Verardo
Lee Woodruff

Committee Members Absent:

None

Department of Veterans Affairs Staff Present:

Denis McDonough, Secretary, Department of Veterans Affairs
John Boerstler, Chief Veterans Experience Officer (VEO)
Toni Bush Neal, Alternate DFO
Jill DeBord
Carmen Gamble
Meg Kabat
Elyse Kaplan
Dr. Jane Kim
Dr. Lucj Leykum
Andi Martinez
Dr. Betty Moseley Brown, Designated Federal Officer (DFO)
Dr. Colleen Richardson
Eugene Skinner
Chihung Szeto
Jim Wartski

Public Present: (Note- This meeting was virtual, so only callers who identified themselves are listed)

Tammy Barlet
Miriam Bartos

Meredith Burns
 Bailey Bishop, Elizabeth Dole Foundation
 Chuck Byers
 Ashleigh Byrnes
 Matthew Cahill
 Rene Campos, MOAA
 Bob Carey, The Independence Fund
 Jenn Christmann
 Dr. Lynda Davis
 Brian Dempsey
 Peter Dickinson
 Ron Drach
 Janet Elder
 Kristie Everett
 Holly Farrell
 Faye Fernandes
 Ken Greenberg
 Jodi Harman
 Sharon Hodge
 Frank LoGalbo
 Skye Martin, Department of Defense
 Paula Minger
 Molly Ramsey
 Rashi Romanoff, Elizabeth Dole Foundation
 Steve Schwab, Elizabeth Dole Foundation
 Aaron Smith
 Samantha Solley
 Scheronda Thompson
 Daniela Waitschies
 Maggie Walsh, ERPI
 Fiona Wells
 Christa Zimmerman, ERPI

Opening of the Federal Advisory Committee	Dr. Betty Moseley Brown, Designated Federal Officer (DFO) <ul style="list-style-type: none"> • Dr. Moseley Brown welcomed the Committee and thanked the Senator. <ul style="list-style-type: none"> ◦ Introduced herself as DFO and Toni Bush-Neal as the alternate DFO. ◦ Stated the meeting will be recorded and it is important to announce names when speaking. ◦ Noted that the public are present on the call and are participating in attendee mode (about 25 public attendees on call). ◦ Participants can request the slides by emailing VEOFACA@va.gov. ◦ Two public comments were received prior to today's meeting. • All members met the requirement for ethics training and have submitted their special government employee self-certification. • There are enough committee members present for a quorum. • Dr. Moseley Brown closed comments by handing the meeting over to Senator Elizabeth Dole.
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<p>Call to Order, Welcome, and Opening Remarks.</p>	<p>Senator Elizabeth Dole, Chair</p> <p>Senator Dole called the meeting to order and welcomed the new administration at the Department of Veterans Affairs. She noted that VA Secretary McDonough will join the Committee later in the meeting.</p> <p>Senator Dole next explained that the Elizabeth Dole Foundation had long called for the VA to create a Secretary level position to advise and lead on issues facing caregivers, families, and survivors. It was also one of the VA Advisory Committee's earliest recommendations. Not only did the Biden Administration create the role, Senator Dole explained, but they selected a tireless champion of military and veteran families, Meg Kabat, to serve as the new Senior Advisor to the Secretary. Senator Dole welcomed Meg once again to the Committee.</p> <p>Senator Dole reported that her Foundation hosted an online event in late March to introduce Secretary McDonough to the caregiver community. Although he was only a few weeks into his new role, the Secretary acknowledged the enormous challenges and contributions of caregivers and expressed his strong support. Senator Dole reported that Bonnie Carroll gave a great presentation for the online audience, and Steve Schwab moderated a fireside chat with Meg to focus on her goals for 2021.</p> <p>Senator Dole then expressed her heartfelt thanks to each Committee member for their dedication to military families, caregivers and survivors, who need their passionate commitment now more than ever. While caregivers, for example, have always struggled with challenges of financial instability, mental health issues and the enormous responsibilities on their shoulders, the risks and restrictions of coronavirus have sent rates of caregiver burnout, depression and isolation soaring.</p> <p>Senator Dole expressed her pride in the work the Committee has done together to improve the lives of caregivers and families, and thanked her team at the Foundation for their incredible support and that of Betty Moseley Brown and team VA for supporting every aspect of this process over the last several months.</p> <p>Senator Dole next reviewed the work of the Committee when it last met in September, finalizing five recommendations that were submitted to the Department. In one of Secretary Wilkie's final acts, all but one of the recommendations were approved. Senator Dole announced that VA's new Chief Veterans Experience Officer, John Boerstler would report on the current status of these recommendations, followed by Dr. Jane Kim on coronavirus vaccination plans, Dr. Colleen Richardson on MISSION Act expansion, and a discussion focused on life after caregiving with Bonnie Carroll. She expressed her hope that these discussions would inspire the next round of recommendations as comprehensive gaps in services and support were addressed.</p>
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VA Updates

Meg Kabat, Senior Advisor for Families, Caregivers, and Survivors

- Ms. Kabat thanked the Senator and Committee and introduced herself.
 - Social worker by training.
 - Has had different roles with VA.
 - Has a social work perspective and approach.
- Ms. Kabat stated this is a new role.
 - Recognized all the great work Caregiver Support Program is doing under Dr. Richardson.
 - Pushing this Committee to think bigger and bigger because this is a real opportunity for all who have been in the caregiver space for a long time.
- The Secretary is focused on improving outcomes and accessibility for Veterans.
 - Supporting families and providing resources improves Veteran and survivor outcomes, which is a key focus of VA.
 - Important for Veterans to know their families will be taken care of.
 - Talking to DoD and White House about transition from active duty to Veteran, and what that process looks like for families and children.
 - A specific areas of focus will include the Exceptional Family Member Program (EFMP) for families where either a spouse or the child of a service member have significant needs and how we can make sure that transition goes well.
 - VA is limited in some things they can do, but they can certainly partner with other organizations to provide information and resources.
- Ms. Kabat mentioned the children of Veterans are another priority area.
 - Food Insecurity is another issue hitting our Veteran community, especially among the children of Veterans.
 - Providing training and resources to Veterans, and also expanding resources for children.
- Ms. Kabat said her last big bucket item was thinking about the role of families in our community living centers and our nursing home across VA (also in state Veteran homes).
 - Focus has been on COVID-19 infection control, but focus could be expanding to include things like roles of families in the state Veterans home.
 - Visiting hours limited, need safe visiting protocols so families can see their loved one.
- Ms. Kabat says she is supporting Dr. Richardson and the Veterans Health Administration (VHA) in their ongoing work around the Program of Comprehensive Assistance for Family Caregivers (PCAFC).
 - Continues to support the ongoing rollout for the Campaign for Inclusive Care.
 - VA is at the cutting edge because of the work they are doing with the Elizabeth Dole Foundation (EDF), (and receiving support from several other organizations on this call) to include families in treatment planning, and acknowledging what social workers know. If the VA is not including families in the treatment plan, it may fall apart.

- VA must make sure they are considering how caregivers are included across the entire organization, especially with survivor benefits.
- Ms. Kabat said she would rely on the expertise of the Committee for guidance for survivor issues since she is more familiar with caregivers.
- She noted survivors frequently contact her on Twitter with concerns regarding the VA's definitions and regulations.
- Celebrations around holidays, such as Memorial Day and Month of the Military Child, have historically focused on the DoD population. Ms. Kabat would like them to be more inclusive of the Veteran population, as well as include children of Veterans.
- Ms. Kabat opened the floor up for questions.
 - Sen. Dole recognized Harriet Dominique and thanked her and USAA for their strong support of the Campaign for Inclusive Care.
 - Ms. Dominique thanked the Senator and asked what the VA was doing to focus on racial equality, gender equality, support for the LGBTQ+ community, and build off of the work that the DoD is elevating to focus on equality for all. She asked what the vision is for that and how the Committee can help.
 - Ms. Kabat confirmed that the Biden-Harris Administration and Secretary McDonough are focused on diversity, equity, and inclusion.
 - There have been discussions about how to be more inclusive in the caregiver and family space.
 - The Secretary will discuss the data more in depth during his remarks later today.
 - VA should clarify definitions. The VA currently defines "spouse" in terms of a union between a man and a woman. The VA is thinking about how they define that across the entire Administration because of its importance in accessing benefits, especially for survivors. VA is going to look at everything they do. The Secretary will not move forward on decisions if the VA is not considering diversity, inclusion, and equity. This begins with data and inform the VA's definitions. Inclusion is an ongoing focus of the VA.
 - Lee Woodruff asked what Ms. Kabat was doing to address mental health and wellness for caregivers.
 - Ms. Kabat answered that wellness and mental health is an important priority. She does not want caregivers to come to grips with the "new normal," but to thrive in what the "new normal" becomes.
 - VA must be inclusive in their messaging and consider more expansive ways to help caregivers access information.
 - Increasing support for the VA's Caregiver Support Coordinator.
 - VA is ensuring that caregivers are aware of support and resources in their community.
 - Melissa Comeau explained that there is no "one size fits all" when it comes to caregivers and elaborated on the concept of a "menu of options" for caregivers.

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| | <ul style="list-style-type: none">■ Ms. Kabat said one of her goals is to explore what is missing.<ul style="list-style-type: none">▪ She is taking a comprehensive look at caregivers, to include things like caregiver skills, tools and resources to better understand needs.▪ The language that is used is important—and must be inclusive language for caregivers.▪ Self-care for caregivers.■ Ms. Kabat also asked the committee to think about the gaps so she can address them, but overall, VA needs to do more.<ul style="list-style-type: none">▪ The Committee can advocate for hands-on training in specific areas and focus on the pieces that are missing from the "menu of options." |
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Status of
Recommendations:
Approved Jan. 2021

John Boerstler, Chief Veterans Experience Officer

- Mr. Boerstler thanked the Senator and told the Committee that he was honored to be a part of the work they are doing.
 - He reiterated what Ms. Kabat said about goals around improving outcomes and access for Veteran families, caregivers, and survivors.
 - Mr. Boerstler thanked Dr. Kim and Dr. Richardson for informing him on the objectives, recommendations, and everything related to the FAC. He recognized Ms. Kabat and other social workers on their call for their work.
 - Mr. Boerstler thanked Dr. Lynda Davis for her "Incredible leadership" on this Committee and all of Veterans Experience Office. He also thanked Dr. Moseley Brown and Ms. Bush-Neal for their role as DFO and Alternate DFO, respectively.
 - He thanked both Senator Dole and the CEO of the Elizabeth Dole Foundation, Steve Schwab.
- The VA concurs with all recommendations from September 2020, except for Recommendation 2.
- Recommendation 1:
 - Aimed to assist younger survivors, but could apply to survivors of all ages.
 - Younger survivors must have the tools and resources needed to thrive.
 - The VA must bring greater enterprise-wide coordination so they can ensure that survivors and their families are able to readily access information that can assist them throughout their journey.
- Recommendation 2:
 - VA should ask for legislative relief of VA MISSION Act of 2018 to expedite expansion of the Program of Comprehensive Assistance for Family Caregivers
 - VA could not concur because it cannot advocate for legislative relief in this case, but they can provide more clarity on progress made towards Phase II (expansion of PCAFC as it relates to pre-9/11 Veteran Caregiver populations).
 - Ms. Kabat and Dr. Richardson have specific updates about these items and will discuss them at this Committee VA.
 - VA wants to ensure they get access and outcomes right.
- Recommendation 3 (Concur in Principle):
 - Coordinate with the Office of Mental Health and Suicide Prevention, as well as the VA Social Work Program.
 - More enterprise-wide coordination with VA partners over at the office of Mental Health and Suicide Prevention.
 - Working with VA Social Work programming across the enterprise, to make sure VA is increasing access and outcomes throughout the pandemic and continuing in life after COVID-19.
 - Creation of more information and tools that will be completed by June should be available for preview at next FAC meeting.
- Recommendation 4(a) (Concur in Principle):
 - New care coordination plan to ensure VA is staying up to date on the clinical integration of all these items and addressing whole health programs.

- Recommendation 4(b) (Concur in Principle):
 - Whole-health programming included in care plans for caregivers.
 - Partnering with the Office of Mental Health and Suicide Prevention and mental health providers to better incorporate caregivers into care plans.
 - Staying up to date on clinical integral integration of all these items and particularly the specific questions concerning inclusion of integration.
- Recommendation 5:
 - Increases support for Veteran direct care, more data, and more research (can coordinate with the Dole Center of Excellence).
 - Dr. Luci Leykum will provide an update about this.
 - Awareness campaign to promote the increase to access and increase outcomes.
 - VA is working on expanding home-based care.
- A package of documents was provided as a read-ahead and is available anytime to any of the participants.
- Mr. Gillums (Vice-Chair) asked if caregivers have been prioritized for the COVID-19 vaccination.
 - Mr. Boerstler indicated that an effort is underway.
 - SAVE LIVES Act was passed in March 2021 to authorize VA to provide vaccinations for spouses and qualifying caregivers.
 - Veterans who have been inoculated at their local VA have generally reported positive experiences.
 - Ms. Kabat added that individuals in the PCAFC have been eligible for the vaccine.
 - Caregivers, as well as spouses are eligible to receive their COVID-19 vaccination through the VA.
 - Caregivers/spouses can schedule their vaccination by contacting their VA and registering online.

Message from the Secretary

Denis McDonough, Secretary of Veterans Affairs

- The Secretary thanked everyone for running this important effort and summarized the plan for executing new authority of the SAVE LIVES Act.
 - VA is authorized to vaccinate spouses and caregivers, in addition to Veterans.
 - This group is approximately 30 million people.
 - Large vaccine expansion and rollout is simultaneous with Veterans returning to in-person care.
 - VA must ensure that they are continuing to provide world-class healthcare.
 - U.S. may see more complicated cases after the pandemic.
 - VA must effectively execute their vaccination authority.
- Those seeking a vaccination from the VA only need to attest to being a spouse, caregiver, or in an additional qualifying group. No other evidence or identification is needed.
 - This removes an undue burden from caregivers, spouses, and Veterans.
- The VA is legally required to provide evidence to CDC within 72 hours that an individual has been vaccinated.
 - This requires the vaccine recipient to be in VA Electronic Health Record system.
 - Registration takes approximately 15 minutes per person.
 - VA is developing an alternative solution to ensure access.
- Vaccine supply challenges brought on by new authority:
 - Supply is distributed based on the number of registered/enrolled Veterans.
 - COVID-19 Coordinator is increasing allotment, but still not enough for demand.
 - Pilot project in VISN 1 and VISN 8.
 - First weekend was a soft rollout with 1,100+ vaccines distributed to spouses and caregivers.
 - Number will dramatically increase with a full rollout.
- Decisions are based on increasing access and outcomes for Veterans, families, caregivers, and survivors.
 - Data initiative to be rolled out to track access and outcomes.
 - This holds VA accountable for outcomes.
- Aggressively pursuing Inter-Agency work.
 - HHS, DoD, Dept of Labor, Dept of Education, White House.
 - Increase inter-operability with an emphasis on hard data.
- Meg Kabat is in a pivotal assignment in her new role.
 - Senior Advisor to Secretary for families, caregivers, and survivors.
 - She knows the government and how to find solutions.
- Sen. Dole praised the Secretary for appointing Meg Kabat and stated that the surge in requests for mental health support over the last year is great news. She is aware that VA is making efforts to meet the demand. What can be done to encourage this

	<p>trend to continue? How can we ensure that we have enough assistance available to meet the additional requests?</p> <ul style="list-style-type: none"> • Secretary McDonough agreed that the additional demand in mental health services is important. It signifies the degree to which people are hurting and the increase of people coming forward is an important point. He outlined the following: <ul style="list-style-type: none"> ◦ Solidify the gains made in telehealth during the pandemic. <ul style="list-style-type: none"> ▪ Due to various reasons (regulatory and cultural, for example) telehealth pre-pandemic was not as efficient as it is now. ▪ Use of technology should increase access. ▪ Must establish a new normal from lessons learned from the pandemic. ▪ There have been discussions with the White House as to how to do this. It may require an integrated system that operates in multiple states. ◦ Use the new tools that Congress has made available, such as grants to local providers through the Hannon Act, to reach Veterans in their communities, and extend the reach of VA-trained providers. <ul style="list-style-type: none"> ▪ The inter-agency component is important to expand our reach. For example, HHS has provided mental health training on how to look for warning signs during their interactions. ▪ PREVENTS- working with state and local resources is central to everything. <ul style="list-style-type: none"> ▪ This Committee can keep urging their networks to end the stigma and understand that mental health is a whole health issue. Mental health care is as important as any physical care need.
<p>COVID-19 Vaccinations Update</p>	<p>Dr. Jane Kim, VHA pre-empt by Secretary</p> <ul style="list-style-type: none"> • Dr. Kim thanked Senator Dole and explained that she would be giving an overview of VA's COVID vaccine distribution effort. • It is important that VA continue to provide outreach and the most current information to the public, as well as getting this group's feedback. • VA is proud to be leading the country with their pace of vaccination and the quality of their program, but also are proud to have vaccinated a large number of Veterans and staff in a safe and efficient manner. • It is critical that VA administer vaccinations and protect our Veterans and staff, as well as their caregivers and spouses. • Progress to date: <ul style="list-style-type: none"> ◦ Vaccine Allocation: VA has received approximately four million doses of Pfizer, Moderna, and Johnson & Johnson vaccines. ◦ Currently VA has administered approximately two million doses of the vaccine, with 50,000 of single dose Johnson and Johnson. ◦ Completed vaccination for 1.4M+ Veterans and 261,000 VA employees (77% of Veterans Health Administration staff have been vaccinated). ◦ VA has also helped vaccinate federal partners; including the full vaccination of 13,000 individuals at the Department of Homeland Security, as well as administering to employees of Health and Human Services.

	<ul style="list-style-type: none"> ○ VA has begun vaccinating caregivers in the Program of Comprehensive Assistance for Family Caregivers. Now with the authority under the SAVE LIVES Act, VA expects to vaccinate many more caregivers. • VA is closely monitoring vaccine safety. These vaccines were issued under emergency authorization, so data that is typically required for approval was not available. <ul style="list-style-type: none"> ○ So far, VA has had a total of 200 adverse events per 10,000 doses, with 47 cases of anaphylaxis reported. The VA reporting system does not connect with FDA or CDC, but they are experiencing similar findings and the number of adverse events is low. • Dr. Kim showed a map of vaccine products available at medical centers and clinics, representing the minimal footprint of availability at VA. These locations serve as the parent hub for vaccine redistribution to additional sites, such as rural clinics. There are also outreach events for rural areas, such as mass vaccination events in collaboration with state or local jurisdictions. • Vaccine Rollout: Extensive pre-planning was required. The Pfizer and Moderna vaccines are a two-dose series and must be kept at ultra-cold temperatures, which limits some of the sites that can carry them because they must have a special freezer. Vials must be used within 6 hours of being drawn into syringes. • The SAVE LIVES Act: Signed into law last week, this bill expands the eligibility and legislative authority of the VA to provide vaccinations. • Sen. Dole thanked Dr. Kim and indicated that the numbers are terrific. She then expressed her concern about access to care for Veterans and their families in rural areas. Sen. Dole's foundation has been proud to be a key partner in VA's Project Atlas and she thanked Paula Cobb and the team at Philips for their tremendous commitment to this project. She then asked Dr. Kim if expansion of Project Atlas is a priority. <ul style="list-style-type: none"> ○ Dr. Kim indicated that she has a very superficial knowledge of Project Atlas and could not speak to it specifically. Rural Veterans are certainly a priority for vaccination, and the team has been talking and thinking about them while planning since day one. In areas such as New Mexico, North Carolina, and the Dakotas, VA is driving the vaccine out to rural Veterans. In other areas that are more mountainous, such as Montana or Alaska, VA is flying the vaccine out to them. • Dr. Koffman asked a question regarding those with long-term effects from COVID-19. Some people who become infected with COVID-19 experience chronic symptoms. Does VA have a plan for these individuals who will be needing long term services? <ul style="list-style-type: none"> ○ VA research is working on putting together a method to study the long-term effects of COVID-19. VA is looking into how many people are impacted, what their symptoms are, and how to help. VA will be working with federal partners and others in the research community.
MISSION Act Expansion & Legacy Participants	<p>Dr. Colleen Richardson, Director, VA Office of Caregiver Support (CGS)</p> <ul style="list-style-type: none"> • Dr. Richardson introduced herself to the Committee. <ul style="list-style-type: none"> ○ She is a Clinical Psychologist and a Navy Veteran (Fallujah Iraq, First Marine Division, Embedded Psychologist) where she worked within a shock trauma platoon and was a battalion psychologist for Wounded Warrior Battalion.

- She has been with the CG5 program for six weeks.
- She has been involved in MISSION Act expansion effort last several months.
- Dr. Richardson acknowledged the Acting National Director Jill DeBord, Lisa Pape, Dr. Beth Taylor, Dr. Maria Lynn Llorente, and Meg Kabat.
- Caregiver Support Program (CSP) offers two programs for caregivers:
 - Program of Comprehensive Assistance for Family Caregivers (PCAFC)
 - Open to a small percentage of Veterans.
 - Program of General Caregiver Support Services (PGCSS)
 - The majority of Veterans are included, as well as all caregivers enrolled in VA healthcare.
 - Offers a wide range of resources.
 - Caregivers can access education and training, including courses at their local VA Medical Centers (VAMCs).
 - Provides caregivers with support services such as VA Home and Community Based Care.
 - PGCSS Expansion efforts:
 - Occurred over the past six months in collaboration with the Office of Patient Centered Care.
 - Includes Whole Health coaching training for PGCSS staff, which is a three-week training including 20+ hours of asynchronous learning and coaching practice.
 - 30+ Whole Health coaches graduated this week.
 - There is one Whole Health coach in each VISN who supports caregivers in improving their personal health and developing personal health plans.
- VA is continuing the national expansion of the Campaign for Inclusive Care, a joint initiative with the Elizabeth Dole Foundation.
 - Training for clinical staff to integrate the caregiver as a partner in Veterans' care.
 - Fits VA's Caregiver Support mission in Fiscal Year 2021:
 - Sets a minimum standard for each of the facilities that PGCSS services.
 - Staff are trained as champions and recruiting clinicians to be trained in the Academy for Inclusive Care.
 - Hosting Lunch & Learn programs on inclusive care.
 - Conducting outreach for inclusive care awareness.
 - Caregiver Summit Theme: "Inclusive Care: Empowering and Engaging Caregivers as Partners in Care."
 - Includes VA and community agencies.
 - Summit embraces this campaign and will continue to implement across all VAMCs.

- National implementation of the Caregivers-First Intervention, a caregiver skills group training with the goal to connect caregivers with peers and resources.
- Operation S.A.V.E. implementation provides education on:
 - Signs of suicide,
 - Asking about suicide,
 - Validating feelings,
 - Encouraging help and Expediting treatment.
- PCAFC- focus on various topics: Inter-partner violence (IPV), suicide prevention, and respite relief in collaboration with the Elizabeth Dole Foundation.
- CSP Conference will take place in July 2021, speakers and topics to follow.
- Weekly Community of Practice webinars to support clinical decision making are occurring.
 - There is a seat at each VISN for the decision maker for PCAFC Veterans applications (this is no longer at facility level but is VISN level).
- There are trainings and sharing of best practices from individual VISNs.
- It is important to implement peer support.
 - Opportunity for Veterans to help other Veterans, as well as caregivers helping each other.
 - Opportunity for PCAFC focus and growth.
 - Can connect generations of Veterans with one another.
- From October 1, 2020 to present:
 - 60,000 Veterans and Caregivers applications to the PCAFC program.
 - 18,000 applications in October alone.
 - Number of applications have been consistently increasing.
 - Consistently receiving between 9,000-10,000 applications every month.
 - With the rollout of the COVID-19 vaccine for caregivers and spouses, it is anticipated that applications for PCAFC will continue to increase.
 - The VA National Caregiver Support Line responds to calls from caregivers, Veterans, family members, and community agencies and provides information on VA Caregiver services.
 - Accepts calls Monday through Friday, 8am to 8pm Eastern Standard Time.
 - Staffed by a licensed clinical social worker who offers supportive counseling and provides information about assistance available through VA. Continuing to staff this team will be extremely important.
 - Connects callers to local caregiver support coordinators and provides assistance for local support services and resources at Medical Centers.

The call center can assess a caller's psycho-social needs and provide supportive counseling, talk through solutions to stressors associated with caregiving, assist caregivers navigating barriers to care, and provide information about eligibility for PCAFC, PGCSS, and other support systems.

Milestones and looking ahead:

- The current solicitation for financial and legal services has closed.
 - Purpose is to provide legal and financial planning services and support to all eligible caregivers.
 - VA is currently processing technical evaluation of the offers received with the target evaluation completion of April 14, 2021.
 - No date has been set for implementation.
 - VA is working aggressively to establish a viable contract and vehicle for these services.
- Hiring staff
 - The goal is to be fully staffed by end of March and to be at 90% by April 1, 2021.
 - Currently at 87% staffed with 1,700 staff hired.
 - 200 positions remain open.
- Challenges:
 - Have received 67,000-68,000 applications so far, which exceeds the total number received during the last Fiscal Year.
 - New eligibility criteria for PCAFC must be standardized across the organization.
- Legacy Participants:
 - Refers to Veteran and caregiver applications received prior to the October 1, 2020 expansion.
 - All legacy participants and applicants are determined to be eligible under the new standards.
 - Notification and awareness of their entitlement timeline:
 - 12-month transition period.
 - 60 days advanced notice of discharge.
 - 90 days of extended benefits (with some exceptions).
 - VA is currently reassessing legacy participants.
 - Veteran may have experienced a decline in health status.
 - Participants may be entitled to a significant increase in care services.
 - Minimum of 70% service-connected disability.
 - CSP staff are assessing and positioning new PCAFC applications to ensure current policies and regulations are in the best interest of Veterans and caregivers.
- Caregiver support for COVID-19 vaccinations.
 - The SAVE LIVES Act expands VA authority to provide COVID-19 vaccines to Veterans (regardless of health or enrollment status), spouses, caregivers, and beneficiaries as of March 29, 2021.
 - 5,000 family caregivers received one dose of vaccine.
 - 2,800 caregivers are fully vaccinated.
 - CSP is an important initiative to get vaccines distributed to Veterans.
- There is a web-based series with Elizabeth Dole Foundation and Wounded Warrior Project to empower, engage, and educate caregivers on important topics such as:

nutrition resources, mental health activities to do at home, family financial wellness, and other topics emerging from the pandemic.

- Respite Relief Care program partnership with Elizabeth Dole Foundation that provides no-cost respite for military and Veteran caregivers.
- Sen. Dole thanked Dr. Richardson for an excellent update. She stated that a lack of consistency and standardization have been issues across the Program of Comprehensive Assistance for Family Caregivers, with inconsistencies particularly in evaluations and check-ins with enrolled caregivers. Sen. Dole expressed her hope that Central Office can help ensure more standardization across the country.
 - Dr. Richardson responded that standardization, equitability, and fairness for all Veterans is currently being rolled out across the system. The CSP has created templates for staff to follow to ensure the validated measurements for 70% or more service-connected disability requirement are being done correctly. The process and standards are being evaluated as they are implemented, and will be reassessed at the end of the year to ensure they are getting accurate results and make any necessary revisions going forward. She mentioned that the CSP invites questions from the Committee about the process.
- Ms. Alvarado inquired about the average wait time for an applicant to be able to get in the program, from application to acceptance.
 - Dr. Richardson replied and apologized that she does not have that statistic but will get the information to the committee.
- Mr. Gillums (Vice Chair) asked about the interruption of services due to the COVID-19 pandemic. He would like to know if there is any data on how many people tried to access care but were unable to do so. Were attempts made by VA to follow up when services could not be provided? He asked if the data is not readily available, could it be captured?
 - Dr. Richardson responded that she cannot answer from a caregiver standpoint what the data is but will look into it for the Committee.
 - Mr. Gillums (Vice Chair) commented that many Veterans were "sent to the back of the line" because of the closure of a lot of facilities. This includes many caregivers trying to and unable to access the program because of the unexpected closure.
 - Dr. Richardson had technical difficulties and could not hear Mr. Gillums. Mr. Gillums will put the remainder of his comments in the Webex Chat.

The following are questions that were asked in the Webex chat. Dr. Richardson's provided responses after the close of the meeting.

- Melissa Comeau asked, of the 67,000 applications for PCAFC, how many have been approved?
 - Dr. Richardson's response: As of March 29th, 2021, the Program of Comprehensive Assistance for Family Caregivers (PCAFC) had received over 67,000 applications in FY2021. Of those 67,000 applications, approximately 4,500 applications had been approved. Data is pulled from the Caregiver Record Management Application (CARMA) and provides a snapshot in time at the point the report was pulled. CARMA data is agile due to appeal

	<p>outcomes, reinstatements, delayed data entry, and data corrections. Updated reports will result in revisions to previously reported data points.</p> <ul style="list-style-type: none"> • Michael Linnington asked if Dr. Richardson could provide a general update via town hall to WWP Caregivers on PCAFC later this spring/summer. <ul style="list-style-type: none"> □ Dr. Richardson's response: The VA VSO Liaison and the Caregiver Support Program will be hosting training and update meetings with our VSO partners to share program updates and information on programs and services under PCAFC and PGCSS. These events are scheduled to take place every other month and invitations will be shared with all VSO partners. • Ms. Alvarado explained why she had asked earlier about the time from application to acceptance to the program. She also asked if it is first come, first serve, as there may be some caregivers in desperate situations and there are so many applicants. <ul style="list-style-type: none"> □ Dr. Richardson's response: The National Caregiver Support Program, with the assistance of the National Center for Ethics, is developing guidance to its field and VISN-based staff to identify and prioritize eligibility determinations for Veterans and Family Caregivers applying for PCAFC who are receiving or have been referred to hospice or palliative care services. VA understands the need to prioritize our most "in need" Veterans and will continue to review additional cohorts for prioritization.
Caregiver & Survivor Transitions Over Time	<p>Bonnie Carroll, Tragedy Assistance Program for Survivors (TAPS)</p> <ul style="list-style-type: none"> • Life after caregiving is a part of the caregiver journey that deserves focus. When a care recipient passes away after possibly decades of care, it can be a difficult transition for the caregiver. • Many Veteran caregivers suffer the loss of their care recipient. They often grieve the death and changes to their identity. Caregiving is often an all-consuming experience. • The journey of a caregiver to survivor includes transitions from an independent family, to a family consumed with caregiving, to a family grieving. These critical events all center around the health status of their Veteran and frequently lead the caregiver to become an advocate for all military/veteran caregivers and survivors. <ul style="list-style-type: none"> □ Military/veteran survivors who were caregivers navigate a complicated bureaucracy and many experience a loss of identity as they care for their loved one. □ Many military/veteran survivors who were caregivers struggle to redefine their identity following the death of their loved one as they learn how to navigate life while living with grief. □ Peer support demonstrates that survivors who were caregivers are more likely to grow with their grief in a healthy manner by connecting with other bereaved caregivers to discover a renewed meaning and purpose for life, and honoring the life, service, and legacy of their loved one. • TAPS examined the trends in the manner of death of Veteran service members: • Increasing percentage of losses are due to illnesses; Q1 2021 was the first time illness eclipsed all other types of loss. • As of March 2021, TAPS welcomed 1,665 newly bereaved military and Veteran survivors with 32% grieving a loss to an illness. • A survey was conducted in partnership with Deloitte, Elizabeth Dole Foundation, and others that found that 67% of respondents identified as a caregiver prior to the

death of their loved one, and 57% of those deaths were cancer related with complicated circumstances given the potential service connection to toxic exposures during deployment.

- TAPS research indicates bereaved caregivers are at greater risk for living with depression, higher stress levels, social isolation, and chronic stress.
 - Bereaved caregivers demonstrate a greater risk as during their time as a caregiver, they may have neglected personal self-care while providing 24/7 care for their loved one.
- Three sub-scales were used to examine dimensions of loss and caregiving:
 1. Personal sacrifice burden.
 - You give so much of yourself that you become physically and emotionally depleted.
 2. Heartfelt sadness, longing, and worry.
 - Psychological experience.
 3. Perceived isolation.
 - Feeling entirely alone at your core and the only advocate for your loved one.
- Adult vs. Children Experience:
 - Children experience all three of these sub-scales.
 - Adults primary experience: heartfelt sadness, longing, and worry.
- Bereaved caregivers demonstrate two primary factors:
 1. Need support for reintegration back into society after isolation and focus on caregiving for so long.
 - Improve and resume personal care and rekindling of interpersonal connections
 2. Need support for managing their loss.
 - Connection with others who experience similar losses and coping skills
- Future development of programs for bereaved caregivers should focus on resuming personal care, rekindling interpersonal connections, and establishing peer-to-peer connections.
 - Dr. Richardson mentioned the Elizabeth Dole Foundation and the Military Veteran Caregiver (MVC) network focuses on this beautifully.
 - Several partners on the call working in this area: Hidden Heroes, Fellowship Program, Respite Program, Military Veteran and Caregiver Network (MVC), VA Caregiver Support, Military and Veteran Caregiver Experience Map, the Help Line.
- Grief and Trauma Research Models:
- TAPS Bereavement model for military surviving families:
 1. Safety and stabilization is the primary focus in immediate response to a death.
 - The first days often include confusion and disorientation, with paperwork and decisions to make.
 - Provide safe space resources and care.
 2. Healthy Grief Journey.
 - Recognize the breadth of the mourning experience.

- Understanding grieving the loss of their caregiver identity.
3. Meaning & Purpose
- Mourn the person who died, including the loss of who they were before the critical life-altering moment.
 - Find meaning and purpose in supporting others with a shared experience.

- Tailored Support for Bereaved Caregivers:

- § Recognize the need for emotional support.

- § Validate experience and provide programming to address unique needs.

- § Make connections to community resources and counseling.

- § Acknowledge that education on benefits can be difficult to find and complicated.

- § Emergency financial assistance and other support may be needed.

- These are a few ideas for the Federal Advisory Committee:

- Recognize the journey of the caregiver from case manager, to advocate, to medical support team for their Veteran.
 - Support caregivers when their Veteran passes away and help them navigate the complicated bureaucracy, including applying for service-connected illness benefits.
 - Raise awareness ensuring caregivers are provided with the support they need.
 - Explore holistic care, leverage expertise in VA and the community, and elevate the attention given to bereaved caregivers.
 - Expand partnerships within the non-profit sector to fill any gaps between the capabilities of the VA and non-profits. Together, we can provide immediate response and support to all impacted as a military/Veteran community.

- Ms. Carroll posed to the group:

- How many of you within your organizations and within your spheres of influence would like to integrate into these discussions?
 - What do you think the needs are for the phases going forward, and the short and long term?
 - What have we missed?

- Sen. Dole thanked Ms. Carroll for the thoughtful and meaningful presentation and reminded the committee that it is critical that they think about those who have been caregivers for so long and then must transition to the new identity of Survivor. She then asked the committee for questions.

- Mr. Gillums (Vice Chair) thanked Ms. Carroll. He added that COVID-19 will influence much of what the Committee does in the coming years for health, service connection, and the burden of caregivers. It will be important for caregivers to note, especially if it acts upon service-connected conditions. Long-term COVID-19 exposure may be associated with past illnesses or conditions that warrant

	<p>compensation and should be considered on the comprehensive list of priorities. He mentioned the length-of-time it took to get benefits for Agent Orange exposure and it may take a similar effort with COVID-19 as it impacts the lives of Veterans and their caregivers.</p> <ul style="list-style-type: none"> ○ Ms. Carroll agreed with Mr. Gillums (Vice Chair) and mentioned an effort with the National Funeral Directors, American Psychological Association, and Hospice Foundation of America looking specifically at the impact of COVID-related complicated grief on the American population. She would like to bring that topic to the Committee if there is interest and will send the partner letter to the President about the complicated grief post-COVID-19 in the U.S. to Dr. Moseley Brown. • Ms. Kubinyi thanked Ms. Carroll for the presentation. She suggested that in addition to partner organizations like the Veterans of Foreign Wars, they should consider the auxiliary as they are in direct contact with families and caregivers. The Veteran cares about the family. VSOs, especially the auxiliaries, can support this journey. • LTG Linnington thanked Ms. Carroll for highlighting the toxic exposure and mentioned the work of TAPS was one of the early indicators of toxic exposures as being a leading cause of cancers in loss and grief. He suggested that the committee be regularly informed on the several different pieces of legislation about toxic exposure, including the ones Ms. Carroll highlighted in her presentation. He commented that all pieces of legislation have several different versions in the Senate and the House and ultimately become a compromise between the two chambers. LTG Linnington emphasized that the immediate need is less about compensation but a push to reach Veterans that have been exposed and do not have access to VA care and get them care, early screening, and early detection to prevent further stages of cancer and ultimately to the loss of lives. He mentioned that Secretary McDonough supports the effort, but it requires legislative change. • Ms. Comeau recognized that the bridge from caregiver to survivor is important to Ms. Carroll and she is encouraged by the growth in this area. She reminded the Committee the journey is affected by all types of death: those in long-term care, end of life care, accidents, and suicide. The support is for transitioning from a military/Veteran caregiving role to a survivor role. She mentioned that process and programs are important during this transition to ensure that the caregiver does not fall through the cracks.
Wrap up & Adjourn	<p>Senator Elizabeth Dole, Chair</p> <ul style="list-style-type: none"> • Senator Dole stated her view that it is important to establish subcommittees once again to receive information during the six months between the two yearly meetings – to discuss areas where there might be comprehensive gaps in services and support and to begin moving toward potential recommendations for Secretary McDonough. • It is necessary to put more emphasis and focus on the Committee's mandate to help survivors with their challenges once caregiving ceases. Bonnie Carroll thus agreed to chair a Subcommittee on Survivors and Lee Woodruff, a 2nd Subcommittee on Caregivers/Military Families. • The Subcommittee on Survivors: Alfie Alvarado, Joe Crittenden, Harriet Dominique, Mona Gunn, Bob Koffman, Denton Knapp, Gabriella Kubinyi, and Hollyanne Milley.

	<ul style="list-style-type: none"> The Subcommittee on Caregivers/Military Families: Paula Cobb, Melissa Comeau, Jenna Dorn, Sherman Gillums, LTG Michael Linnington, Becky Porter, Kate Shattuck, and Sarah Verardo. Note: Hollyanne Milley was moved from Survivors Subcommittee to Caregivers/Military Families after the meeting adjourned. Senator Dole expressed her heartfelt thanks to each member for their hard work and incredible dedication to those the Committee serves, stating that despite all the inconveniences caused by coronavirus, this Committee has made significant progress for families, caregivers, and survivors over the past year. The meeting was then adjourned. <p>The meeting adjourned at 3:35pm EDT.</p>

Signed by FACA Chair, Senator Elizabeth Dole

Elizabeth Dole

Signed by DFO, Betty Moseley Brown

Betty Moseley Brown
6/29/2021